August 22, 2005

In re application of

HARMS, Robert E.

Serial No.

10/064,166

Filed

June 17, 2002

Entitled

DUMBBELL HAVING

INTERLOCKING COMPONENTS

Examiner

Hwang, Victor Kenny

Art Unit

3764

Our File No.

9530.4875

Mail Stop Fee Amendment Commissioner for Patents Alexandria, VA 22313-1450

<u>AMENDMENT</u>

Dear Sir:

In response to the Examiner's Office Action dated March 22, 2005, this Amendment is submitted.

Amendments to the Claims begin on page 2 of this document.

Remarks begin on page 7 of this document.

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. DATENT ADDITION FOR DETERMINATION DECOR									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001														
							110064166							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY \ TYPE			OTHER SMALL			
TOTAL CLAIMS							F	RATE	FEE .		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 370		OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			17 minus 20=		. 0		7	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		Ø			X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT							On				
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=			
									370	OR	TOTAL	•		
CLAIMS AS AMENDED - PART II								SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
7	77.05	(Column 1) CLAIMS		(Colur	EST BER DUSLY	(Column 3)	, <u> </u>	MALL	ADDI-	UH I I	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID		PRESENT EXTRA	F	RATE	TIONAL		RATE	ADDI- TIONAL FEE		
	Total	* 24	Minus	**	10	= 4	>	(\$.0 ⁵ =	601	OR	X\$18=			
	Independent	• 3	Minus	*** 6		=	;	X42=		OR	X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140			+280=			
						L	140=		OR	+28U≡ TOTAL				
							ADDIT. FEE			OR	ADDIT. FEE			
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	,	(\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		•		K42=	1	OR	X84=	·		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		-	UH				
										OR	+280=			
							ADO	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	[×	(\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	S	a		 (42=			X84=			
[FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l⊬	\46°		OR	A04=			
+140= OR											+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											TOTAL ADDIT, FEE			
***	If the "Highest Nu The "Highest Nurr	mber Previously Pa ber Previously Pa	aid For" IN THI Id For" (Total o	S SPACE i Independ	s less tha ent) is the	in 3, enter "3." highest numbe		_	propriate box					